

**State of Hawaii  
Public Utilities Commission  
Telecommunications Relay Services  
Carrier Remittance Worksheet  
For the Period July 1, 20\_\_ - June 30, 20\_\_**

SECTION A	CARRIER IDENTIFICATION
Date:	
Company Name:	
Mailing Address:	
Email Address:	

SECTION B	REMITTANCE CALCULATION
1. Gross Revenues (Based on Prior Calendar Year) <small>(e.g., Current year is 20X6; Report revenues from 20X5) (Amount should match gross revenues reported for Hawaii PUC Fee purposes, HRS § 269-30)</small>	
2. Less: Revenue Adjustments <small>(describe, see Section E)</small>	< >
3. Gross Intrastate Retail Revenues	
4. Hawaii TRS Contribution Factor	<b>.001</b>
5. Gross Hawaii TRS Assessment <small>(line 3 x line 4)</small>	
6. Greater of line 5 or \$10.00 (minimum due)	
<p>If Line 6 is less than \$1,200, this is your annual contribution to the TRS Fund for the period beginning July 1<sup>st</sup> of the current year to June 30<sup>th</sup> of the following year. Please pay the amount on line 6, in full, by July 26<sup>th</sup> of the current year. Send your remittance with a copy of this worksheet to the address listed below.</p> <p>If Line 6 is \$1,200 or more, continue to line 7 below.</p>	

SECTION C	MONTHLY CONTRIBUTION
7. Divide line 6 by 12	
<p>Line 7 is your first monthly contribution to the TRS Fund, for the period beginning July 1<sup>st</sup> of the current year to June 30<sup>th</sup> of the following year. Send your 1<sup>st</sup> monthly remittance with a copy of this worksheet to the address listed below. Please pay the amount on line 7 by July 26<sup>th</sup>. Solix Inc. (fka NECA Services, Inc.) will then send you a bill for the remaining eleven monthly payments.</p>	

SECTION D	CERTIFICATION		
<p>Under penalties as provided by law, I certify that I am duly authorized to verify the foregoing information contained herein and that the information is true and correct to the best of my knowledge and belief.</p>			
_____ Date	_____ Officer Name	_____ Officer Signature	_____ Officer Title
_____ Date	_____ Contact Name	_____ Contact Phone	_____ Contact Title

<p><b>Questions???</b> <b>Hawaii TRS Administrator</b> Solix Inc. 100 S. Jefferson Road Whippany, NJ 07981 Phone (973) 581-5234 Fax (973) 599-6504</p>	<p><b>Make checks payable to</b> <b>“Hawaii TRS”</b> <b>and send with worksheet to:</b> Attn: Hawaii TRS Administrator Solix Inc. 100 S. Jefferson Road Whippany, NJ 07981</p>
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SECTION E                      DETAILS CONCERNING REVENUE ADJUSTMENT(S)	
If revenue adjustment(s) are not explained here, amounts deducted will be disallowed and proposed assessments may be prepared against you.	
Describe amounts deducted from Gross Revenues to obtain Gross Intrastate Retail Revenues (list):	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	